

SRPMIC Monthly Tax Return

	SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY 10005 E. OSBORN RD. SCOTTSDALE, AZ 85256 OFFICE OF THE TREASURER PHONE NO. (480) 362-7678 FAX NO. (480) 362-7592	License No. SR
		Due Date
	REPORTING PERIOD <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> No Gross Receipts to Report	SEND REPORT AND PAYMENT TO: SRPMIC P.O. Box 842342 Los Angeles, CA 90084-2342

Tax Returns received without Business Name, Service Address, License Number, Reporting Period and Signature will be returned and the delay may cause interest and penalty to accrue.

Name and Address	TAX RETURN IS DELINQUENT IF NOT RECEIVED BY THE LAST BUSINESS DAY OF THE MONTH. A 10% PENALTY FOR LATE PAYMENT AND A 5% PENALTY FOR LATE FILING WILL BE ASSESSED FOR EACH MONTH THE RETURN IS NOT FILED PLUS INTEREST OF 1% PER MONTH OR FRACTION THEREOF.
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TRANSACTION PRIVILEGE (SALES) TAX	LINE	GROSS INCOME	TOTAL DEDUCTIONS (See Schedule A)	TAXABLE INCOME	TAX RATE	TAX DUE
RETAIL	1					\$ -
RESTAURANT	2					\$ -
HOTEL-TRANSIENT LODGING	3				7.27%	\$ -
HOTEL-TRANSIENT LODGING	4				1.75%	\$ -
ALCOHOL	5					\$ -
RENTAL	6					\$ -
CONSTRUCTION	7					\$ -
USE TAX	8				1.55%	\$ -
OTHER	9					\$ -
HOTEL OCCUPANCY TAX	10				5.00%	\$ -
TOBACCO-LUXURY TAX		GROSS TOBACCO SOLD	TOTAL DEDUCTIONS (See Schedule B)	TAXABLE PRODUCT SOLD	TAX RATE	TAX DUE
20 PACK	11				\$1.00 PER 20	\$ -
25 PACK	12				\$1.25 PER 25	\$ -
OUNCES - CHEW	13				\$.113 PER OZ	\$ -
OUNCES - CAVENDISH	14				\$.028 PER OZ	\$ -
SMALL CIGARS	15				\$.228 PER 20	\$ -
CIGARS \$.05 OR LESS	16				\$.011 PER 3	\$ -
CIGARS - MORE THAN \$.05	17				\$.011 EACH	\$ -
ALCOHOL-LUXURY TAX		GROSS GALLONS Purchased & Beg Inv	TOTAL DEDUCTIONS (See Schedule C)	TAXABLE GALLONS SOLD	TAX RATE	TAX DUE
SPIRITUOUS	18				\$3.00	\$ -
VINOUS < 24%	19				\$0.84	\$ -
VINOUS > 24% (8 oz)	20				\$0.25	\$ -
MALT/CIDER	21				\$0.16	\$ -
	22	Subtotal (Add lines 1 through 21)				\$ -
	23	Prior Period Adjustments (Attach Documentation)				\$ -
	24	Total Tax Due (Add lines 22 and 23)				\$ -
	25	Interest (1% per Month or Fraction Therefore)				\$ -
	26	Late Payment (10% of Total Tax Due)				\$ -
	27	Late Filing Penalty (5% per Month)				\$ -
	28	Enter Net Amount Due (Add lines 24 through 27)				\$ -
	29	Enter Total Amount Paid				\$ -

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's Signature	Date	Preparer's Signature	Date
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SCHEDULE B

SR #

Month

**SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
LUXURY TAX**

SCHEDULE B – TOBACCO DEDUCTIONS/EXEMPTIONS WORKSHEET:

Enter the deductions/exemptions being claimed in computing the Community's Luxury Tax Due in the worksheet below. A detailed record must be kept of all deductions and exemptions being claimed. Failure to maintain proper documentation and records required by the Community Code may result in the disallowance of the deductions and exemptions claimed, resulting in additional tax and interest due.

TOBACCO TAX	Line 11	Line 12	Line 13	Line 14	Line 15	Line 16	Line 17
Sale to Community Member							
Loss/Destroyed							
Gift Cards							
Distributor Refunds							
Other - (please explain)							
TOTAL	-	-	-	-	-	-	-



SCHEDULE C

SR # _____

Month _____

**SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
LUXURY TAX**

SCHEDULE C – WORKSHEET FOR ALCOHOL:

	LINE 18 SPIRITS No. of Gallons	LINE 19 VINOUS < 24% No. of Gallons	LINE 20 VINOUS >24% (8 oz) No. of Gallons	LINE 21 MALT/CIDER No. of Gallons
1. Beginning Inventory (same as ending inventory of prior month)				
2. Additions – Total Gallons: Purchased				
3. Deductions – Total Gallons:				
a. Sale to other retailers				
b. Destroyed				
c. Breakage				
d. Returned to Suppliers				
e. Ending Inventory				
4. TOTAL DEDUCTIONS (Add lines 3a through 3e)				
5. Taxable Gallons Sold/Purchased (Add lines 1 and 2 and Subtract line 4)				



SR # _____
 Month _____

Salt River Pima-Maricopa Indian Community

TPT Exemption Form (MUST BE FILED EACH MONTH WITH RETURN)

Date	Community ID #	Print Name	Signature	Product type	Discount Amount	Clerk Initial
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
Page _____			Page Total		\$ -	

USE ADDITIONAL SHEETS IF NECESSARY

